

Manatt, Phelps and Phillips, LLP

Employee Benefits Plan Document

and

Summary Plan Description

Amended and Restated:  
January 1, 2025

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Manatt, Phelps and Phillips, LLP maintains this Employee Benefits Plan for the exclusive benefit of its eligible employees and other persons made eligible by their relationship to the eligible employee. This Plan is comprised of different benefit programs that are subject to Employee Retirement Income Security Act of 1974, as amended (“ERISA”). This document together with documents incorporated by reference constitutes the written plan document required by ERISA Section 402 and the Summary Plan Description required by ERISA Section 102.

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## 1. General Plan Information

The Manatt, Phelps and Phillips, LLP Employee Benefits Plan is amended and restated on January 1, 2025. This Plan has been in existence since March 1, 2014. This booklet contains a summary in English of participant rights and the benefits available under the Manatt, Phelps and Phillips, LLP Employee Benefits Plan. If you have difficulty understanding any part of this booklet, you can contact the Benefits Specialist for assistance.

<b>Plan Name</b>	<b>Manatt, Phelps and Phillips, LLP Employee Benefits Plan</b>
<b>Plan Sponsor</b>	<b>Manatt, Phelps and Phillips, LLP 2049 Century Park East, Suite 1700 Los Angeles, CA 90067 310-231-5406</b>
<b>Plan Sponsor EIN Number</b>	<b>95-2375841</b>
<b>Plan Number</b>	<b>510</b>
<b>Plan Year</b> – the 12 month period during which this Plan is administered	<b>March 1 - February 28</b>
<b>Plan Administrator</b>	<b>Manatt, Phelps and Phillips, LLP 2049 Century Park East, Suite 1700 Los Angeles, CA 90067 310-231-5406</b>
<b>Employee Benefits Contact</b>	<b>Benefits Coordinator</b>
<b>Agent for Service of Legal Process</b> – service of process may also be made to the Plan Administrator	<b>HR &amp; Benefits Manager Manatt, Phelps and Phillips, LLP 2049 Century Park East, Suite 1700 Los Angeles, CA 90067 310-231-5406</b>
<b>Named Fiduciary</b>	<b>Manatt, Phelps and Phillips, LLP 2049 Century Park East, Suite 1700 Los Angeles, CA 90067 310-231-5406</b>
<b>Type of Plan</b>	<b>This Plan is a welfare benefit plan providing various types of coverages listed under Plan Benefits below.</b>

If the information appearing above contradicts any term presented in the incorporated Benefit Plan Descriptions, the information above will control. For example, if a Benefit Plan Description has a different Plan Number, the Plan Number above controls.



- (10) Any provisions requiring pre-authorizations or utilization review as a condition to obtaining a benefit or service under a Benefit Plan;
- (11) A general description of the provider networks applicable to each Benefit Plan. A complete listing of providers in a network will be furnished to participants and beneficiaries as a separate document at no charge;
- (12) Any circumstances which may result in disqualification, ineligibility, denial, loss, forfeiture, suspension, offset, reduction, or recovery of any benefits; and,
- (13) Whether and to what extent benefits under the Benefit Plan are guaranteed under a contract or policy of insurance issued by the Insurance Company, and the nature of any administrative services (e.g., payment of claims) provided by the Insurance Company or Third Party Administrator.







If the Social Security Administration determines that a COBRA Participant is no longer disabled, that Determination must be delivered within 30 days of the later of: (1) the date of the final determination by the Social Security Administration that the qualified beneficiary is no longer disabled; or (2) The date on which the qualified beneficiary is informed, through the furnishing of the plan's summary plan description or the General Notice of both the responsibility to provide the notice and the plan's procedures for providing such notice to the administrator.

**What the Notice Must Contain.** The written notice must contain at least the name of the person(s) that will be losing coverage, the event that will cause the loss of coverage (referred to as a qualifying event) and the date the qualifying event actually occurs. You should also provide, along with the letter, documentation of the event that occurred, such as a photocopy of a divorce order or legal separation order showing the date the divorce or legal separation began. If you have any question about what type of documentation is required, you should contact the Employee Benefits Contact at the address provided in this notice. The Employee Benefits Contact may develop and make available a form which may be required to be completed to provide adequate notice.











- (8) The Genetic Information Nondiscrimination Act (GINA);
- (9) The Health Information Technology for Economic and Clinical Health Act (HITECH);
- (10) Michelle's Law; and,
- (11) The Family and Medical Leave Act of 1993 (FMLA).

**Medicaid and the  
Children's Health  
Insurance Program  
(CHIP) Offer Free  
or Low-Cost Health  
Coverage to Children  
and Families**

If you are eligible for health coverage under the Manatt, Phelps and Phillips, LLP Group Health Plan, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for Plan Sponsor -sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for a Plan Sponsor -sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your Plan Sponsor's health plan is required to permit you and your dependents to enroll in the plan as long as you and your dependents are eligible, but not already enrolled in the Plan Sponsor's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You can contact your Plan Administrator for any questions regarding your Special Enrollment Rights.



**Assistance With  
Your Questions**

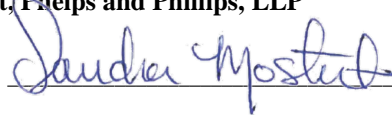
If you have any questions about your Plan, you should contact the Benefits Specialist of Manatt, Phelps and Phillips, LLP. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor (listed in your telephone directory), or contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

**Plan Adoption**

By signing this Plan Document, the Employer identified below represents that it has formally adopted this Employee Benefits Plan.

**Manatt, Phelps and Phillips, LLP**

By:

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Printed:

Sandra Mostert

Title:

January 19, 2025



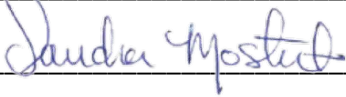




This Amendment is effective for the current Plan Year, and for any future Plan Years, unless amended by the Plan Sponsor.

Executed this 15 day of January, 2025

Client Name: MANATT, PHELPS AND PHILLIPS, LLP

Signed: 

Printed: Sandra Mostert

Title: Director of Benefits

Date: January 15, 2025